## **Timely Filing Cure Request for Insurance**



(for submitting claims on loan(s) with a timely filing violation)
Complete by lender, holder or servicer and submitted with default claim package

Part A: Borrower Information				
Social Security number	2. Borrower name (las	t, first, middle initial)		
3. Status of this request (check one): 3a.  This account is being re-submitted for a previously rejected claim (a copy of the original notice of default must be attached). 3b.  This account is being submitted for claim for the first time. Violations have been identified and corrected.				
Part B: Timely Filing Violation				
Check the appropriate type of timely filing violation.  4. Default claim filed after 270th day of delinquency. Locate cure required. Interest and special allowance will not be paid from the earliest unexcused violation (270th day of delinquency) to reinstatement of reinsurance. Complete Parts C, D and E below.  5. Death and Permanent Disability Claim.  5a. Date lender determined borrower died or became permanently disabled:				
Part C: Loan Information				
7. List date of transfer if a transfer occurred that affected the due diligence cycle:  8. Due date of first unpaid installment:  9. Date of earliest unexcused violation. (The earliest unexcused violation date is the first day of the next bucket following the bucket in which the missed step occurred.):  10. Date claim filed with Commission:  11. Date claim should have been filed with Commission:				
Part D: Location and Cure Activities Performed by L	ender			
LOCATE CURE: (Complete worksheet on reverse for all locate cures.)  12. Date of receipt of one full payment or signed repayment agreement (if applicable):				
Part E: Lender Certification				
I certify as an authorized representative of this lending institution that the interest and special allowance billings and that any overpayments have be were made by the borrower, and /or other person (other than the lender)	een repaid in accordance with law, regulation			
13. Lender code	14. Lender/Holder name 15. Phone number			
16. Loan officer's name and title (print or type)	17. Loan Officer's signature	Date		

Include this document with default claim package at time of claim

## **Locate Cure Worksheet**

Social Security number		Borrower 's name	
Borrower was located by: (check one of the following)			
Signed postal receipt (can be Emery or Federal Express receipt; must be signed by the borrower).			
Certification of Borrower Location form (L-63).			
Lender documentation certifying location (Same basic elements as Certification of Borrower Location form (L-63).			
Lender's receipt of a full payment or signed Repayment Schedule.			
Date located			
14th day	Date activity performed*	Was R/A and Collection letter sent within 15 days  yes no	
Date of last activity			
15th day	+5 days	Date(s) of attempts/contact*	
Were two attempts or one contact performed?  yes no If no, must repeat locate cure.			
Date of last activity			
5th day	+5 days	Date(s) of attempts/contact*	
Were two attempts or one contact performed?			
yes no If no, must repeat locate cure.			
Date of last activity			
5th day	+5 days	Date final demand sent*	
Date final demand sent	30th day	60th day	
Claim filed within 60 days after final demand sent?			
yes no If no, must repeat locate cure.			

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<sup>\*</sup>Date(s) of activity must occur within the time frame indicated